

Section I: CPR Credential

As the candidate's CPR instructor/training officer, I hereby verify the candidate has been examined and performed satisfactorily so as to be deemed competent in each of the following skills:

Adult 1 & 2 Rescuer CPR
Adult Obstructed Airway Maneuvers
Child CPR
Child Obstructed Airway Maneuvers
Infant CPR
Infant Obstructed Airway Maneuvers

Verifying Signature _____

Date _____

CPR Expiration Date

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please submit a copy of your current CPR card and/or ensure the appropriate verification signatures are affixed to this section of the application

Section II: Statement of Competency in EMT-Basic Skills

As the EMT-Basic Training Program Director or service director of training/operations, I verify that _____ has been examined and performed satisfactorily so as to be deemed competent in each of the following skills: (Candidate's Name)

Patient Assessment/Management - Trauma
Patient Assessment/Management - Medical
Cardiac Arrest Management/AED
Bleeding Control/Shock Management
Bag-Valve-Mask Apneic Patient
Supplemental Oxygen Administration
Upper Airway Adjuncts and Suction

Mouth-to-Mask with Supplemental Oxygen
Spinal Immobilization Supine Patient
Spinal Immobilization Seated Patient
Long Bone Immobilization
Joint Dislocation Immobilization
Traction Splinting

Signature: _____ Date: _____

Name (Please Print) _____

Title (Please Print) _____ Telephone # _____

Character Reference

Name	Street Address	City	State	Zip Code
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National Registry EMT-Basic Application Information

Entry Requirements:

1. Successful completion of a state-approved EMT-Basic training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Basic National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation.
2. If the candidate's initial EMT-Basic training completion date is beyond 24 months and the candidate has maintained state certification as an EMT-Basic, the candidate must document completion of 24 hours of state-approved EMT-Basic refresher training that meets all objectives of the current EMT-Basic National Standard Refresher Curriculum. Program completion date can be no older than 24 months from the date of testing.
3. Current CPR credential verifying competence in the skills listed in the "CPR Credential" section of this application.
4. The **EMT-Basic Practical Examination Verification** section of the application must be signed by the Physician Medical Director or the agent or assignee of the physician attesting to the candidate's successful completion, within the past 12 months, of a practical examination that meets or exceeds the criteria established by the NREMT.
5. **Section II : Statement of Competency in EMT-Basic Skills** (above) must be signed by the EMT-Basic Training Program Director or the Director of Training/Operations. **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
6. Submission of a completed application and official course completion documentation attesting to the above requirements as well as all other published entry requirements of the National Registry of EMTs.
7. Submission of the appropriate fee. Registration fee for first time candidates is \$15.00. This fee will increase to \$20.00 effective January 1, 2002. All re-attempts of the examination will require the submission of a \$15.00 registration fee. This fee will increase to \$20.00 effective January 1, 2002.
8. Successful completion of the National Registry EMT-Basic written examinations.

Checklist for Submitting an Application for the National Registry EMT-Basic Examination Process:

1. Have you, your Physician Medical Director, and/or your training director or service director of training/operations signed the application? **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
2. Have you attached a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the "CPR Credential" section of this application?
3. Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Basic training which meets or exceeds the behavioral objectives of the current EMT-Basic National Standard Curriculum?
4. Have you filled in all of the information requested on the application, including the felony statement?
5. Have you attached a check or money order in the appropriate amount to this application. All attempts of the written examination require submission of a \$15.00 check or money order. The fee will increase to \$20.00 effective January 1, 2002.
6. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
7. For more information please visit our homepage at <http://www.nremt.org> or contact us via telephone at (614)888-4484.

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.

Serial #

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